

<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>		<b>Application Number</b>	10/674,653
		<b>Filing Date</b>	September 30, 2003
		<b>First Named Inventor</b>	Marc E. Feinberg
		<b>Group Art Unit</b>	3773
		<b>Examiner</b>	Melissa K. RYCKMAN
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	ETH5092 [13926]

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) NEW Sheet No. 12 <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appel Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <b>RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT (37 CFR 1.121)</b>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Date	August 10, 2009

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